

**MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT  
PROBATE DIVISION, CITY OF ST. LOUIS**

In the estate of

No. \_\_\_\_\_

Deceased/Disabled/Minor

## SETTLEMENT

Following is a settlement of the accounts of the undersigned Personal Representative/Conservator for the period commencing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

DATE	VOUCHER NO.	DETAILS OF TRANSACTION	RECEIPTS	DISBURSEMENTS	
		BALANCE OF PERSONAL PROPERTY ONLY PER INVENTORY OR LAST SETTLEMENT:		XXXXXX	XX
		TOTALS			
		BALANCE			

## RECAPITULATION

Furniture, household goods, wearing apparel	\$ _____
Corporate stocks, per schedule attached	\$ _____
Mortgages, bonds, notes, other evidences of debt, Per schedule attached	\$ _____
Bank accounts, insurance policies payable to personal representative, per schedule attached	\$ _____
All personal property, including proportionate share In any partnership	\$ _____
Total Value Personal Property	\$ _____

NOTE: If any category does not remain exactly as inventoried, but is changed by any transaction reported herein, such category must be itemized on an attached schedule (i.e., bank accounts, corporate stocks sold, distributed or received by stock split, etc.)

The personal representative(s)/conservator(s) of this estate state(s) that the foregoing is made under oath or affirmation and its representations are true and correct to the best of \_\_\_\_\_ knowledge and belief, subject to the penalties of making a false affidavit or declaration. Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Attorney's Name (Typed) and MBE #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Current Address of Protectee

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Pers. Rep./Conservator's Signature

\_\_\_\_\_  
Pers. Rep./Conservator's Name (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Pers. Rep./Conservator's Signature

\_\_\_\_\_  
Pers. Rep./Conservator's Name (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

## REQUIREMENTS

Each settlement filed shall state period for which it is made, and among other things, shall contain a just and true account of all assts collected, the date when collected, from whom collected and on what account collected.

Also, the date and amount of each expenditure or distribution must be supported by proper vouchers or receipts executed by the person to whom the disbursement was made.